PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/723,563			ling Date 25/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED INON	N/A		N/A	FEL (a)	ł	N/A	FEL (#)
H	(37 CFR 1.16(a), (b), (c)	or (c))	-						ł		
냳	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A	—	N/A		N/A			N/A	
Ц	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A		ı	N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
	DEPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			] [	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		IJ			J		
* If t	the difference in colu	umn 1 is less than	r "0" in column 2.		TOTAL		J	TOTAL			
	APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY			
AMENDMENT	07/07/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ĬŽ!	Total (37 CFR 1.16())	· 10	Minus	<b></b> 20	= 0	1	X \$25 =	0	OR	x s =	
뷡	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0	1	X \$105 =	0	OR	x s =	
ĬΝ	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,16(i))	*	Minus			l	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	1	X \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))					]			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20".  "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a beautiful by the public which is in 56 feat by the USPTO to moderable any individual control of the property of the CTR 1.10. This collection is estimated to state 2 remained to complete a production form to the USPTO to move will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent to the CTR (information CTR). U.S. Patient and Trademark Office, U.S. Department of Commence, D.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.